

DIVISION XIX

HEALTH CARE PROGRAMS AND APPROPRIATIONS

Sec. 201. Section 249J.7, Code 2009, is amended to read as follows:

249J.7 Expansion population provider network.

1. a. Expansion population members shall only be eligible to receive expansion population services through a provider included in the expansion population provider network. Except as otherwise provided in this chapter, the expansion population provider network shall be limited to a publicly owned acute care teaching hospital located in a county with a population over three hundred fifty thousand, the university of Iowa hospitals and clinics, ~~and the state hospitals for persons with mental illness designated pursuant to section 226.1 with the exception of the programs at such state hospitals for persons with mental illness that provide substance abuse treatment, serve geropsychiatric patients, or treat sexually violent predators~~ and a regional provider network utilizing the federally qualified health centers or federally qualified health center look-alikes in the state, to provide primary care to members.

b. (1) The department shall develop a plan to phase-in the regional provider network by determining the most highly underserved areas on a statewide and regional basis, and targeting these areas for prioritization in implementing the regional provider network. In developing the phase-in plan the department shall consult with the medical assistance projections and assessment council created in section 249J.20. Any plan developed shall be approved by the council prior to implementation. The phase-in of the regional provider network shall be implemented in a manner that ensures that program expenditures do not exceed budget neutrality limits and funded program capacity, and that ensures compliance with the eligibility maintenance of effort requirements of the federal American Recovery and Reinvestment Act of 2009.

(2) Payment shall only be made to designated participating primary care providers for eligible primary care services provided to a member.

(3) The department shall adopt rules pursuant to chapter 17A, in collaboration with the medical home advisory council established pursuant to section 135.159, specifying requirements for medical homes including certification, with which regional provider network participating providers shall comply, as appropriate.

(4) The department may also designate other private providers and hospitals to participate in the regional provider network, to provide primary and specialty care, subject to the availability of funds.

(5) Notwithstanding any provision to the contrary, the department shall develop a methodology to reimburse regional provider network participating providers designated under this subsection.

c. Tertiary care shall only be provided to eligible expansion population members residing in any county in the state at the university of Iowa hospitals and clinics.

d. Until such time as the publicly owned acute care teaching hospital located in a county with a population over

three hundred fifty thousand notifies the department that such hospital has reached service capacity, the hospital and the university of Iowa hospitals and clinics shall remain the only expansion population providers for the residents of such county.

2. Expansion population services provided to expansion population members by ~~providers included in the expansion population provider network~~ the publicly owned acute care teaching hospital located in a county with a population over three hundred fifty thousand and the university of Iowa hospitals and clinics shall be payable at the full benefit recipient rates.

3. Providers included in the expansion population provider network shall submit clean claims within twenty days of the date of provision of an expansion population service to an expansion population member.

4. Unless otherwise prohibited by law, a provider under the expansion population provider network may deny care to an individual who refuses to apply for coverage under the expansion population.

5. Notwithstanding the provision of section 347.16, subsection 2, requiring the provision of free care and treatment to the persons described in that subsection, the publicly owned acute care teaching hospital described in subsection 1 may require any sick or injured person seeking care or treatment at that hospital to be subject to financial participation, including but not limited to copayments or premiums, and may deny nonemergent care or treatment to any person who refuses to be subject to such financial participation.

6. The department shall utilize up to seven million three hundred thousand dollars in certified public expenditures at the university of Iowa hospitals and clinics to maximize the availability of state funding to provide necessary access to both primary and specialty physician care to expansion population members. The resulting savings to the state shall be utilized to reimburse physician services provided to expansion population members at the university of Iowa hospitals and clinics and to reimburse providers designated to participate in the regional provider network for services provided to expansion population members.

7. The department shall adopt rules to establish clinical transfer and referral protocols to be used by providers included in the expansion population provider network.

Sec. 202. 2010 Iowa Acts, Senate File 2156, section 5, if enacted, is repealed.

Sec. 203. 2010 Iowa Acts, Senate File 2356, section 2, amending section 249J.7, if enacted, is repealed.

Sec. 204. 2010 Iowa Acts, House File 2526, section 11, subsection 13, if enacted, is amended to read as follows:

13. The university of Iowa hospitals and clinics shall either certify public expenditures or transfer to the medical assistance appropriation an amount equal to provide the nonfederal share for increased medical assistance payments for inpatient hospital services of ~~\$7,500,000~~ up to \$9,900,000. The university of Iowa hospitals and clinics shall receive and retain 100 percent of the total increase in medical assistance

payments.

Sec. 205. 2010 Iowa Acts, House File 2526, section 41, subsection 3, unnumbered paragraph 2, if enacted, is amended to read as follows:

For salaries, support, maintenance, equipment, and miscellaneous purposes for the provision of medical and surgical treatment of indigent patients, for provision of services to members of the expansion population pursuant to chapter 249J, and for medical education:

..... \$ ~~12,000,000~~
14,000,000

Sec. 206. 2010 Iowa Acts, House File 2526, section 41, subsection 6, if enacted, is amended to read as follows:

~~6. Contingent upon enactment of 2010 Iowa Acts, Senate File 2356, there is appropriated from the IowaCare account created in section 249J.24 to the department of human services for the fiscal year beginning July 1, 2010, and ending June 30, 2011, the following amount, or so much thereof as is necessary to be used for the purposes designated:~~

~~For payment to nonparticipating providers for covered services provided in accordance with section 249J.24A:~~

..... \$ ~~2,000,000~~

Sec. 207. HOSPITAL HEALTH CARE ACCESS TRUST FUND == APPROPRIATIONS. There is appropriated from the hospital health care access trust fund created in section 249M.4, if enacted by 2010 Iowa Acts, Senate File 2388, to the department of human services for the fiscal year beginning July 1, 2010, and ending June 30, 2011, the following amounts, or so much thereof as is necessary, for the purposes designated:

1. For the medical assistance program:

..... \$ 39,406,000
Of the funds appropriated in this subsection, \$20,542,883 shall be used for reimbursement of hospitals under the medical assistance program in accordance with section 249M.4, if enacted by 2010 Iowa Acts, Senate File 2388.

2. For deposit in the nonparticipating provider reimbursement fund created in section 249J.24A for the purposes of the fund:

..... \$ 594,000

Sec. 208. NONPARTICIPATING PROVIDER REIMBURSEMENT FUND == APPROPRIATION. Contingent upon enactment of 2010 Iowa Acts, Senate File 2388, there is appropriated from the nonparticipating provider reimbursement fund created in section 249J.24A to the department of human services for the fiscal year beginning July 1, 2010, and ending June 30, 2011, the following amount, or so much thereof as is necessary, for the purposes designated:

To reimburse nonparticipating providers in accordance with section 249J.24A:

..... \$ 2,000,000

Sec. 209. MEDICAL ASSISTANCE PROGRAM == APPROPRIATION REDUCTION. Contingent upon enactment of 2010 Iowa Acts, Senate File 2388, the appropriation from the general fund of the state to the department of human services for the medical assistance program for the fiscal year beginning July 1, 2010, and ending June 30, 2011, as specified in 2010 Iowa Acts, House File 2526, section 11, if enacted, is reduced by \$18,863,117.

Sec. 210. CONTINGENT IMPLEMENTATION. Implementation of the provisions of this division of this Act making appropriations from the hospital health care access trust fund and the nonparticipating provider reimbursement fund and reducing the medical assistance program appropriation are contingent upon the department of human services receiving approval of the requests relating to medical assistance waivers and state plan amendments necessary to implement the hospital health care access trust fund if enacted by 2010 Iowa Acts, Senate File 2388.